

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743107

FILING DATE

APPLICANT(S)

818 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	1		1			
7						
8	1					
9	1					
10	1					
11						
12		2				
13	1		1			
14	1					
15	1		1			
16	1					
17						
18						
19						
20						
21						
22		1				
23						
24						
25						
26						
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35						
36						
37		1				
38		1				
39		1				
40		1				
41						
42						
43	1		1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1		1		
53				1		
54					1	
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS